

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048878

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12068

STATE FILE NUMBER

FILED JAN 10 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Madison

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN Fredericktownc. FULL NAME OF
HOSPITAL OR
INSTITUTION 6036 Marmaduke

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

909 High St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LaVerne

A.

Windmoeller

4. DATE
OF
DEATH

Month

Day

Year

Dec.

14.

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☐Never Married ☐Divorced ☒

8. DATE OF BIRTH

2/28/17

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Matron

10b. KIND OF BUSINESS OR INDUSTRY

Masonic Temple

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred H. Windmoeller

13b. MOTHER'S MAIDEN NAME

Vinnie E. Whitworth

14. NAME OF HUSBAND OR WIFE

Ernest

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

Fred H. Windmoeller-Fredericktown

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion with

DUE TO (b)

Cerebral Adema

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

342A

to

and last saw her
him alive on

Death occurred at

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Dec. 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cem.

23d. LOCATION (City, town, or county)

St. Louis,

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.

DEC 17 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS-FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4375
P. O. Address St. Louis 16. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.